

# City Social Welfare and Development Office External Services





#### 1. Conduct of Pre-Marriage Counselling

Pre-Marriage Counselling is one of the requirements in order to apply for the Marriage Certificate that can be availed of at our Civil Registry Office.

| Office or                | City Social Welfare and Development Office, Rural Health Unit   |                                      |                        |                      |  |  |
|--------------------------|---|--------------------------------------|------------------------|----------------------|--|--|
| Division:                | (RHU), Local Civil Registrar and Population Commission (POPCOM) |                                      |                        |                      |  |  |
| Classification:          | Simple  |                                      |                        |                      |  |  |
| Type of                  | G2C – Government  | G2C – Government to Citizen          |                        |                      |  |  |
| Transaction:             |   |                                      |                        |                      |  |  |
| Who may avail:           |   | Any couple who wishes to get married |                        |                      |  |  |
|                          | REQUIREMENTS  |                                      | WHERE TO SE            |                      |  |  |
| Birth Certificate        |   |                                      |                        | Statistics Authority |  |  |
| Certified True Copy      |   |                                      |                        | ar of Place of Birth |  |  |
|                          | venty-five (25) years   | old and fem                          | ale is below two       | enty-one (21)        |  |  |
| years old:               |   | T =                                  |                        |                      |  |  |
|                          | l consent (1 Original   |                                      | parent or legal (      | guardian of the      |  |  |
| Copy)                    |   | applicant/s                          |                        |                      |  |  |
| 2. Valid I.D. (1 Orig    | jinai Copy, 1   |                                      | parent or legal (      | guardian of the      |  |  |
| Photocopy)               | A OFNOV   | applicant/                           | DD00F00IN              | DEDOON               |  |  |
| CLIENT STEPS             | AGENCY  | FEES TO                              | PROCESSIN              | PERSON               |  |  |
| 4 Fillus                 | ACTIONS  1. Assist client on                                    | BE PAID<br>None                      | G TIME<br>20 minutes   | RESPONSIBLE<br>Staff |  |  |
| 1. Fill up registration, | Registration and  | None                                 | 20 minutes             | POPCOM Office        |  |  |
| attendance, and          | proper fill up of   |                                      |                        | Or                   |  |  |
| marriage couple          | form  |                                      |                        | CHO-RHU              |  |  |
| expectation form         | 101111  |                                      |                        | Or                   |  |  |
| oxpodiation form         |   |                                      |                        | Social Worker        |  |  |
|                          |   |                                      |                        | CSWDO                |  |  |
| 2. Attend Pre            | 2. Conduct  | None                                 | 4 hours                | Staff                |  |  |
| marriage                 | orientation   |                                      |                        | POPCOM Office        |  |  |
| Orientation              |   |                                      |                        | Or                   |  |  |
|                          |   |                                      |                        | CHO-RHU              |  |  |
|                          |   |                                      |                        | Or                   |  |  |
|                          |   |                                      |                        | Social Worker        |  |  |
|                          |   |                                      |                        | CSWDO                |  |  |
| 3. Claim                 | 3. Issue certificate  | None                                 | 5 minutes              | Staff                |  |  |
| Certificate of           | of attendance/  | 1-                                   |                        | POPCOM Office        |  |  |
| Attendance /             | participation   |                                      |                        | Or                   |  |  |
| Participation            |   |                                      |                        | CHO-RHU              |  |  |
|                          |   |                                      |                        | Or                   |  |  |
|                          |   |                                      |                        | Social Worker        |  |  |
|                          | TOTAL   |                                      | 4.11.                  | CSWDO                |  |  |
|                          | TOTAL:  | None                                 | 4 Hours and 25 Minutes |                      |  |  |





#### 2. Counselling on Child Rearing / Parenting Effectiveness

Counselling Service for Parents and/or guardians having difficulties with child rearing.

| Office or                          | City Social Welfare and Development Office   |  |             |                        |  |  |
|------------------------------------|--|--|-------------|------------------------|--|--|
| Division: Classification:          | Simple   |  |             |                        |  |  |
| Type of                            |  | G2C – Government to Citizen                        |             |                        |  |  |
| Transaction:                       |  |  |             |                        |  |  |
| Who may avail:                     |  | s who are rai                                      |             |                        |  |  |
| CHECKLIST OF                       | REQUIREMENTS   |  | WHERE TO SE | CURE                   |  |  |
| 1. I.D. of Parent or Photocopy)    | Guardian (1  | Client   |             |                        |  |  |
| 2. Birth Certificate of Photocopy) | of Child/Children (1   | Client   |             |                        |  |  |
| 3. Accomplished In Original Copy)  |  | City Social Welfare and Development Office (CSWDO) |             | velopment Office       |  |  |
| CLIENT STEPS                       | AGENCY<br>ACTIONS  | FEES TO PROCESSIN PERSON BE PAID G TIME RESPONSIBL |             |                        |  |  |
| 1. Walk into the office.           | 1. Endorse client to social worker.  | None   | 5 minutes   | Social Worker<br>CSWDO |  |  |
| 2. Engage in counseling session    | 2. Conduct counselling session and follow up activities as needed (e.g. schedule next session/s) | None   | 30 minutes  | Social Worker<br>CSWDO |  |  |
|                                    | TOTAL:   | None   | 35 Minutes  |                        |  |  |





#### 3. Complaints on Child Support or Custody

Assistance to either parent/guardian who is deprived of support or custody by the other parent / guardian of a child.

| Office or              | City Social Welfare and Development Office    |               |                 |                   |  |
|------------------------|---|---------------|-----------------|-------------------|--|
| Division:              |   |               |                 |                   |  |
| <b>Classification:</b> | Complex                                       |               |                 |                   |  |
| Type of                | G2C – Government to Citizen                   |               |                 |                   |  |
| Transaction:           |   |               |                 |                   |  |
| Who may avail:         | Parents or Guardians who are raising children |               |                 |                   |  |
| CHECKLIST OF           | REQUIREMENTS                                  | CHEC          | CKLIST OF REC   | UIREMENTS         |  |
| 1. I.D. of Parent or 0 | Guardian (1 Original                          | Client        |                 |                   |  |
| Copy, 1 Photocopy)     |   |               |                 |                   |  |
| 2. Birth Certificate o | f Child/Children (1                           | Client        |                 |                   |  |
| Photocopy)             |   |               |                 |                   |  |
| 3. Accomplished Int    | ake Form (1                                   | City Social \ | Welfare and Dev | elopment Office   |  |
| Original Copy)         |   | (CSWDO)       |                 |                   |  |
|                        | AGENCY  | FEES TO       | PROCESSIN       | PERSON            |  |
| CLIENT STEPS           | ACTIONS                                       | BE PAID       | G TIME          | RESPONSIBLE       |  |
| 1. Fill-out intake     | 1. Provide intake                             | None          | 5 minutes       | Social Worker     |  |
| sheet.                 | sheet   |               |                 | CSWDO             |  |
| 2. Voice out           | 2. Listen to                                  | None          | 15 minutes      | Social Worker     |  |
| complaint.             | complaint and                                 |               |                 | CSWDO             |  |
|                        | assess case                                   |               |                 |                   |  |
| 3. Set date when a     | 3. Issue invitation                           | None          | 5 minutes       | Social Worker     |  |
| case conference        | for the complained                            |               |                 | CSWDO             |  |
| will be conducted      | party.  |               |                 |                   |  |
| with the               |   |               |                 |                   |  |
| complained party       |   |               |                 |                   |  |
| (if residing within    |   |               |                 |                   |  |
| San Pedro).            |   |               |                 |                   |  |
|                        |   |               |                 |                   |  |
| *If complained is      |   |               |                 |                   |  |
| residing outside of    |   |               |                 |                   |  |
| San Pedro, refer       |   |               |                 |                   |  |
| client to Local        |   |               |                 |                   |  |
| Government Unit        |   |               |                 |                   |  |
| of residence of        |   |               |                 |                   |  |
| complained.            |   |               | 00 1            |                   |  |
| 4. Hand over the       | None  | None          | 30 minutes      | Barangay of       |  |
| invitation to the      |   |               |                 | Residence of      |  |
| Office of Barangay     |   |               |                 | Complained Party  |  |
| of residence           |   |               |                 |                   |  |
| complained             |   |               |                 | D 11 10 11        |  |
| 5. Attend              | 5. Conduct case                               | None          | 1 hour          | Registered Social |  |
| scheduled case         | conference. Put in                            | TIME          |                 | Worker of the     |  |
| conference.            | writing                                       | H TON         |                 | Office Handling   |  |
| 402                    | agreements (if                                |               |                 | the case          |  |
|                        | any) or give                                  |               |                 | CSWDO             |  |





| referral to PAO or<br>certification of<br>proceedings if no<br>agreement was<br>made between the<br>two. |      |                       |  |
|--|------|-----------------------|--|
| TOTAL:   | None | 1 Hour and 55 Minutes |  |





## 4. Financial Assistance (for Medical, Burial and other Financial concerns) – Below Php 5,000.00 grants

Financial Assistance is granted for various purposes, such as medical, burial, and other financial concerns. This process explains particularly grants that are amounted below Php 5,000.00

| Office or Division:      | Office of the Mayor/CSWDO   |   |             |                       |  |
|--------------------------|-----------------------------|---|-------------|-----------------------|--|
| Classification:          | Simple                      |   |             |                       |  |
| Type of                  | G2C – Government to Citizen |   |             |                       |  |
| Transaction:             |                             |   |             |                       |  |
| Who may avail:           | Residents of the Cit        | y of San Ped                            | ro          |                       |  |
| CHECKLIST OF F           |                             |   | WHERE TO SE | CURE                  |  |
| 1. Letter Request (1     | Original Copy, 1            | Client                                  |             |                       |  |
| Receiving Copy)          | 3 177                       |   |             |                       |  |
| 2. Certificate of Indig  | gency (1 Original           | Respective                              | Barangay    | ' '                   |  |
| Copy)                    | , , , ,                     |   | 0 7         |                       |  |
| 3. Voter's Certification | on (1 Original or           | COMELEC                                 |             |                       |  |
| Certified True Copy      | ` •                         |   |             |                       |  |
| patient/deceased an      | d claimant) OR              |   |             |                       |  |
| Verification of COME     | ELEC of Voter's             |   |             |                       |  |
| Record at Barangay       | Certificate of              |   |             |                       |  |
| Indigency                |                             |   |             |                       |  |
| 4. Valid I.D. (1 Photo   |                             | Client                                  |             |                       |  |
| patient/deceased an      |                             |   |             |                       |  |
| For medical assista      |                             |   |             |                       |  |
| 1. Medical Abstract/I    |                             | Client's Doctor, Clinic, or hospital    |             |                       |  |
| (1 Original or 1 Certi   |                             |   |             |                       |  |
| 2. Supporting Docum      |                             | Client's Doctor, Clinic, or hospital    |             |                       |  |
| medical needs (pres      |                             |   |             |                       |  |
| request, operation q     | uotation, hospital          |   |             |                       |  |
| bill) (1 Photcopy)       |                             |   |             |                       |  |
| For burial assistan      |                             |   |             |                       |  |
| 1. Funeral Contract      |                             | Funeral Parlor                          |             |                       |  |
| Certified True Copy)     |                             | 0.1 0. 1. 0                             |             |                       |  |
| 2. Death Certificate     |                             | City Civil Registrar where the deceased |             |                       |  |
| Certified True Copy)     | AGENCY                      | passed awa                              | PROCESSIN   | DEDCON                |  |
| CLIENT STEPS             | ACTIONS                     | FEES TO<br>BE PAID                      | G TIME      | PERSON<br>RESPONSIBLE |  |
| Submit a request         | 1. Review the               | None                                    | 2 minutes   | Staff                 |  |
| letter addressed to      | completeness of             | INOTIC                                  | Z minutes   | CSWDO                 |  |
|                          | the requirements            |   |             | CCVVDC                |  |
| the City Mayor with      | and requirements            |   |             |                       |  |
| all the pertinent        | 1.1 Conduct                 | None                                    | 3 minutes   | Staff                 |  |
| documents                | interview and               | Die                                     |             | CSWDO                 |  |
| attached, to the City    | further                     | HIM                                     |             |                       |  |
| Social Welfare and       | assessment to the           |   |             | 10                    |  |
| Development Office.      | requestor.                  |   |             |                       |  |





| 1.2 Encode the application and start the preparation of the case study.   | None | 5 minutes | Staff<br>CSWDO                          |
|---|------|-----------|---|
| 1.3 Sign the case study.  | None | 3 minutes | City Government<br>Department Head<br>I |
|   |      |           | CSWDO                                   |
| 1.4 Forward the case study to the Office of the Mayor for approval.   | None | 2 minutes | Staff<br>CSWDO                          |
| 1.5 Check, receive and encode the Financial, Medical or Burial Assistance and endorse to the City Mayor for approval. | None | 5 minutes | Clerk<br>City Mayor's<br>Office         |
| 1.6 Review,<br>approve and<br>indicate the<br>amount of<br>financial<br>assistance to be<br>given.                    | None | 1 day     | City Mayor<br>City Mayor's<br>Office    |
| 1.7 Encode the approved Financial Assistance and prepare the revolving fund voucher.                                  | None | 5 minutes | Clerk<br>City Mayor's<br>Office         |
| 1.8 Schedule the release of Financial Assistance. A message will be sent to the client for the schedule.              | None | 5 minutes | Clerk<br>City Mayor's<br>Office         |





|                        | TOTAL:            | None | 1 Day and 37<br>Minutes |              |
|------------------------|-------------------|------|-------------------------|--------------|
| on the given schedule. |                   |      |                         |              |
| assistance based       | valid I.D.        |      |                         |              |
| financial              | presentation of a |      |                         | Onioc        |
| to receive the         | client upon       |      |                         | Office       |
| Office of the Mayo     | r amount to the   |      |                         | City Mayor's |
| 2. Proceed to the      | 2. Release the    | None | 5 minutes               | Staff        |



## 5. Financial Assistance (for Medical, Burial and Other Financial Concerns) – Php 5,000.00 and above grants

Financial Assistance is granted for various purposes, such as medical, burial, and other financial concerns. This process explains particularly grants that are amounted Php 5,000.00 and above.

| Office or Division:                   | Office of the Mayor/CSWDO          |                                      |                     |             |  |
|---------------------------------------|------------------------------------|--------------------------------------|---------------------|-------------|--|
| Classification:                       | Simple                             |                                      |                     |             |  |
| Type of                               | G2C – Government to Citizen        |                                      |                     |             |  |
| Transaction:                          |                                    |                                      |                     |             |  |
| Who may avail:                        | Residents of the City of San Pedro |                                      |                     |             |  |
| CHECKLIST OF F                        | REQUIREMENTS                       |                                      | WHERE TO SE         | CURE        |  |
| 1. Letter Request (1                  | Original Copy, 1                   | Client                               |                     |             |  |
| Receiving Copy)                       |                                    |                                      |                     |             |  |
| 2. Certificate of Indig               | jency (1 Original                  | Respective                           | Barangay            |             |  |
| Copy)                                 |                                    |                                      |                     |             |  |
| 3. Voter's Certification              |                                    | COMELEC                              |                     |             |  |
| Certified True Copy                   |                                    |                                      |                     |             |  |
| patient/deceased an                   |                                    |                                      |                     |             |  |
| Verification of COME                  |                                    |                                      |                     |             |  |
| Record at Barangay                    | Certificate of                     |                                      |                     |             |  |
| Indigency                             |                                    |                                      |                     |             |  |
| 4. Valid I.D. (1 Photo                |                                    | Client                               |                     |             |  |
| patient/deceased an                   |                                    |                                      |                     |             |  |
| For medical assista                   |                                    | Ol: # - D                            | 4 Olii l            | :4-1        |  |
| 1. Medical Abstract/l                 |                                    | Client's Doctor, Clinic, or hospital |                     |             |  |
| (1 Original or 1 Certi                |                                    | Client's Doctor, Clinic, or hospital |                     |             |  |
| 2. Supporting Documedical needs (pres |                                    | Client's Doc                         | stor, Clinic, or no | spilai      |  |
| request, operation q                  |                                    |                                      |                     |             |  |
| bill) (1 Photcopy)                    | dotation, nospital                 |                                      |                     |             |  |
| For burial assistan                   | ce:                                |                                      |                     |             |  |
| Funeral Contract                      |                                    | Funeral Par                          | lor                 |             |  |
| Certified True Copy)                  |                                    |                                      |                     |             |  |
| 2. Death Certificate                  |                                    | City Civil Re                        | gistrar where th    | e deceased  |  |
| Certified True Copy)                  |                                    | passed awa                           | У                   |             |  |
| CLIENT STEPS                          | AGENCY                             | FEES TO                              | PROCESSIN           | PERSON      |  |
| CLILINI SILFS                         | ACTIONS                            | BE PAID                              | G TIME              | RESPONSIBLE |  |
| 1. Submit a 1. Review the             |                                    | None                                 | 2 minutes           | Staff       |  |
| request letter completeness of        |                                    |                                      |                     | CSWDO       |  |
| addressed to the                      | the requirements                   |                                      |                     |             |  |
| City Mayor with all                   | 4.4.Comdition                      | Ness                                 | O majorista         | 04-#        |  |
| the pertinent 1.1 Conduct             |                                    | None                                 | 3 minutes           | Staff       |  |
| documents                             | interview and                      |                                      |                     | CSWDO       |  |
| attached, to the City Social Welfare  | further assessment to the          | H TO                                 |                     | 10          |  |
| and Development                       | requestor.                         | - 36                                 |                     |             |  |
| and Development                       | requesion.                         |                                      |                     |             |  |





|         |   |      | PH.       |                                      |
|---------|---|------|-----------|--------------------------------------|
| Office. | 1.2 Encode the application and start the preparation of the case study.   | None | 5 minutes | Staff<br>CSWDO                       |
|         | 1.3 Sign the case study.  | None | 3 minutes | City Government Department Head I    |
|         |   |      |           | CSWDO                                |
|         | 1.4 Forward the case study to the Office of the Mayor for approval.   | None | 2 minutes | Staff<br>CSWDO                       |
|         | 1.5 Check, receive and encode the Financial, Medical or Burial Assistance and endorse to the City Mayor for approval.         | None | 5 minutes | Clerk<br>City Mayor's<br>Office      |
|         | 1.6 Review,<br>approve and<br>indicate the<br>amount of<br>financial<br>assistance to be<br>given.                            | None | 1 day     | City Mayor<br>City Mayor's<br>Office |
|         | 1.7 Encode the approved Financial Assistance and forward to the City Budget Office for Obligation Request (OBRe) preparation. | None | 3 minutes | Clerk<br>City Mayor's<br>Office      |
|         | 1.8 Prepare the OBRe and forward the same   | None | 5 minutes | Staff City Budget Office             |





|   |      | MA, PHI   |  |
|---|------|-----------|--|
| to the LCE/Executive Assistant IV for signature.  |      |           |  |
| 1.9 Sign the OBRe, and forward to the City Budget Office for signature.   | None | 1 day     | City Mayor Or<br>Executive<br>Assistant IV<br>City Mayor's<br>Office |
| 1.10 Forward signed OBRe with all the attached documents to the City Accounting Office for checking and preparation of the Disbursement Voucher (DV).   | None | 1 day     | City Government Department Head I City Budget Office                 |
| 1.11 Forward signed DV to the City Treasurer's Office for encoding and check preparation, have the DV and check signed by the City Treasurer, for forwarding to the Mayor's Office for signature. | None | 1 day     | Staff City Accounting Office   |
| 1.12 Sign the DV and checks of the financial assistance.  | None | 1 day     | City Mayor Or<br>Executive<br>Assistant IV<br>City Mayor's<br>Office |
| 1.13 Forward the signed checks to the City Accounting Office for advice.  | None | 3 minutes | Staff<br>City Mayor's<br>Office                                      |
| 1.14 Forward the advised check to the City Treasury   | None | 5 minutes | Staff City Accounting Office   |





|   | Office for encoding and release.    |      |                          |                                  |
|---|-------------------------------------|------|--------------------------|----------------------------------|
| 2. Proceed to the City Treasurer's Office to receive the check and present a valid I.D. | 2. Release the check to the client. | None | 5 minutes                | Staff<br>City Treasury<br>Office |
|   | TOTAL:                              | None | 5 Days and<br>41 Minutes |                                  |





#### 6. Issuance of Solo Parent ID

Solo Parents who are residing at the City of San Pedro can claim a Solo Parent I.D. and enjoy the benefits as stipulated in the "Solo Parents' Welfare Act of 2000".





|                              | TOTAL:                                   | None | 3 Days and 50 Minutes |                |
|------------------------------|--|------|-----------------------|----------------|
| 3. Claim Solo<br>Parent I.D. | 3. Release Solo<br>Parent I.D.           | None | 10 minutes            | Staff<br>CSWDO |
|                              | Head and City<br>Mayor for<br>signature. |      |                       |                |





#### 7. Case Management of Abuse Cases

Management of cases of abuse in the form of physical, sexual, emotional, psychological, etc.

| Office or Division:     | City Social Welfare | and Develop   | ment Office         |                   |
|-------------------------|---------------------|---------------|---------------------|-------------------|
| Classification:         | Highly Technical    |               |                     |                   |
| Type of                 | G2B – Government    | to Business   | Entity G2C - G      | overnment to      |
| Transaction:            | Citizen, G2G – Gov  |               |                     |                   |
| Who may avail:          | Women and Childre   |               |                     | esidents of San   |
| wiio iliay avali.       | Pedro City          | on victims of | abuse wild are i    | esidents of oan   |
| CHECKLIST OF I          | REQUIREMENTS        |               | WHERE TO SE         | CURE              |
| 1. Accomplished Inta    | ake Sheet (1        | CSWDO         |                     |                   |
| Original Copy)          |                     |               |                     |                   |
| For minors:             |                     |               |                     |                   |
| 1. Valid I.D. (1 Origin | nal Copy)           | Client        |                     |                   |
| 2. Birth Certificate (1 | Photocopy)          |               | Statistics Authorit | y (Any outlet) or |
| 2. Birar Coranocto (1   | т пососору)         | Local Civil F |                     | y (ruly oduot) of |
|                         | AGENCY              | FEES TO       | PROCESSIN           | PERSON            |
| CLIENT STEPS            | ACTIONS             | BE PAID       | G TIME              | RESPONSIBLE       |
| 1. Walk into the        | 1. Assign client to | None          | 10 minutes          | Staff             |
| office and log on       | a registered social | INOTIC        | 10 1111114165       | CSWDO             |
| _                       | worker who will     |               |                     | CSVVDO            |
| the logbook.            |                     |               |                     |                   |
| 2. Write on the         | handle the case     | NI            | 20                  | On aird 14/a whan |
|                         | 2. Listen,          | None          | 30 minutes          | Social Worker     |
| intake sheet and        | document, and       |               |                     | CSWDO             |
| orient the social       | assess the case     |               |                     |                   |
| worker of the           | for appropriate     |               |                     |                   |
| abuse that              | action while        |               |                     |                   |
| occurred.               | maintaining         |               |                     |                   |
|                         | confidentiality.    |               |                     |                   |
| 3. Go to the            | 3. Accompany,       | Psycholog     | 1 hour              | Social Worker     |
| agency referred by      | drop off, or refer  | ical          |                     | CSWDO             |
| the social worker       | the client if       | evaluation    |                     |                   |
| for proper              | needed:             | – Php         |                     |                   |
| intervention or         |                     | 5,000.00      |                     |                   |
| execute the             |                     | _             |                     |                   |
| intervention plan       | PNP – WCPD for      | 10,000.00     |                     |                   |
| as agreed with the      | Genitalia           | (dependin     |                     |                   |
| Social Worker           | Examination         | g on the      |                     |                   |
| handling the case       | (rape) and giving   | case)         |                     |                   |
|                         | sworn statement,    |               |                     |                   |
|                         | and filing of case. |               |                     |                   |
|                         |                     |               |                     |                   |
|                         | Amante Hospital:    | The same      |                     |                   |
|                         | Medico Legal        |               |                     |                   |
|                         | (physical abuse)    | E 1300        |                     |                   |
|                         | VIRE                |               |                     |                   |
|                         | Psychologist: For   |               |                     | 7-11              |





| non – physical<br>abuse cases (e.g.<br>emotional,<br>economic)<br>Shelter Agencies<br>– if the client<br>needs to placed in<br>a shelter agency<br>(depending on the<br>case) |  |                          |  |
|---|--|--------------------------|--|
| TOTAL:  | Psycholog ical evaluation — Php 5,000.00 — 10,000.00 (dependin g on the case | 1 Hour and 30<br>Minutes |  |





## 8. Case Management of Children at Risk (CAR) and/or Children in Conflict with the Law (CICL)

Management of Cases of Children at CAR and/or CICL.

| Office or Division:                 | City Social Welfare and Development Office |  |   |   |
|-------------------------------------|--|--|---|---|
| Classification:                     | Highly Technical                           |  |   |   |
| Type of                             | G2B – Government                           | to Business  | Entity, G2C - G                         | overnment to                                    |
| Transaction:                        | Citizen, G2G – Gov                         |  |   |   |
| Who may avail:                      | CAR and/or CICL th                         |  |   |   |
|                                     | cases (e.g. Concerr                        | ned Citizen, E   |   |   |
| CHECKLIST OF I                      |  | E (1   | WHERE TO SE                             |   |
| 1. Referral letter (1 0             |  | another gov  | ferring party (if r<br>vernment office) | eterral is from                                 |
| 2. Accomplished into Original Copy) | ake sheet (1                               | CSWDO  |   |   |
| 3. 2x2 Photo (4 Orig                | inal Copies)                               | From the re  | ferring party pa                        | rent, or guardian                               |
| 4. 2 pcs. long folder               | inai copico)                               |  |   | rent, or guardian                               |
| 5. Valid I.D. of guard              | lian and child (1                          |  |   | rent, or guardian                               |
| Photocopy for each)                 |  |  | g p.s,, p.s.                            | ,, - : g -: 2:: 2:: 2:: 2:: 2:: 2:: 2:: 2:: 2:: |
| 6. Certificate of live Photocopy)   |  | From the re  | ferring party, pa                       | rent, or guardian                               |
| For children fifteen                | (15) years old and                         | above:   |   |   |
| 1. Filled-out discerni              | ment evaluation (1                         | CSWDO  |   |   |
| Original Copy)                      |  |  |   |   |
| CLIENT STEPS                        | AGENCY<br>ACTIONS                          | FEES TO<br>BE PAID   | PROCESSIN<br>G TIME                     | PERSON<br>RESPONSIBLE                           |
| 1. Walk into the                    | 1. Refer client to                         | None   | 15 minutes                              | Staff   |
| office and write on                 | Social Worker                              | None   | 15 minutes                              | CSWDO   |
| the logbook                         | Handling CAR/                              |  |   | COMBO   |
| and regional                        | CICL                                       |  |   |   |
| 2. Orient social                    | 2. Document                                | None   | 30 minutes                              | Social Worker                                   |
| worker about the                    | complaint, assist                          |  |   | CSWDO   |
| case.                               | client, and assess                         |  |   |   |
|                                     | the case for                               |  |   |   |
|                                     | proper                                     |  |   |   |
|                                     | intervention, and                          |  |   |   |
|                                     | conduct                                    |  |   |   |
|                                     | discernment                                |  |   |   |
|                                     | evaluation for 15                          |  |   |   |
|                                     | years old and                              |  |   |   |
| 2 Co to the                         | above child.                               | None   | 1 have                                  | Cooled Markey                                   |
| 3. Go to the                        | 3. For petty cases (e.g. theft, slight     | None   | 1 hour                                  | Social Worker<br>CSWDO                          |
| agency where referred by the        | physical injury,                           | The same of the sa |   | CSVVDO  |
| social worker for                   | etc.), a mediation                         | -  |   |   |
| proper intervention                 | will be attempted                          | H- The   |   | 10  |
| will execute the                    | between                                    |  |   |   |
|                                     |  |  |   |   |





| intervention plan<br>as agreed with the<br>Social Worker<br>handling the case | CAR/CICL Family<br>and complainant,<br>monitoring by the<br>Social Worker.  |      |                       |  |
|---|---|------|-----------------------|--|
|   | For heinous crimes: Client will be oriented of legal process, CICL will be subjected to legal proceedings and referred to a shelter agency. |      |                       |  |
|   | TOTAL:  | None | 1 Hour and 45 Minutes |  |





### 9. Emergency Shelter Assistance

Moving victims to evacuation center during times of disaster.

| Office or Division:                | City Social Welfare  | and Develop                 | ment Office         |  |  |  |
|------------------------------------|--|-----------------------------|---------------------|--|--|--|
| Classification:                    | Simple   |                             |                     |  |  |  |
| Type of                            | •  | G2C – Government to Citizen |                     |  |  |  |
| Transaction:                       |  |                             |                     |  |  |  |
| Who may avail:                     | Indigent Citizens of<br>situations.  | San Pedro C                 | City who are in e   | mergency   |  |  |
| CHECKLIST OF I                     | REQUIREMENTS   |                             | WHERE TO SE         | CURE   |  |  |
| 1. Incident Record (               | 1 Original Copy)   | Bureau of F                 | ire Protection, B   | arangay (to follow)                                |  |  |
| 2. Intake Sheet (1 O               | riginal Copy)  | CSWDO (ca                   | an be to follow)    |  |  |  |
| CLIENT STEPS                       | AGENCY<br>ACTIONS  | FEES TO<br>BE PAID          | PROCESSIN<br>G TIME | PERSON<br>RESPONSIBLE                              |  |  |
| 1. Be secured from hazards         | 1. Conduct ocular inspection, interview, assessment if needed (or if clients would rather stay with relatives) | None                        | 1 hour              | Staff CSWDO Or BFP Or Barangay Personnel Or CDRRMO |  |  |
| 2. Be moved to evacuation center/s | 2. Assist to relocate victims  | None                        | 1 hour              | Staff CSWDO Or BFP Or Barangay Personnel Or CDRRMO |  |  |
|                                    | TOTAL:   | None                        | 2 Hours             |  |  |  |





### 10. Emergency Financial Assistance

Financial assistance for victims of disasters especially during fire incidents

| 0.00   | 0:1 0 : 114/ :5  | 10 '        | 1.00                                    |  |
|--|--|-------------|---|--|
| Office or Division:  | City Social Welfare  | and Develop | ment Office                             |  |
| Classification:  | Complex  |             |   |  |
| Type of  | G2C – Government   | to Citizen  |   |  |
| Transaction:   |  | to Onizen   |   |  |
| Who may avail:   | Indigent Citizens of   | San Pedro C | City. Laguna who                        | are in emergency   |
| <b>,</b>   | situations   |             | , |  |
| CHECKLIST OF F   | REQUIREMENTS   |             | WHERE TO SE                             | CURE   |
| 1. Fire Incident Repo  | ort (1 Original or 1   | Bureau of F | ire Protection, B                       | arangay  |
| Certified True Copy)   |  |             |   |  |
| 2. Accomplished Into   | ake Sheet (1   | CSWDO       |   |  |
| Original Copy)   |  |             |   |  |
| CLIENT STEPS   | AGENCY   | FEES TO     | PROCESSIN                               | PERSON   |
|  | ACTIONS  | BE PAID     | G TIME                                  | RESPONSIBLE  |
| 1. Submit the requirements to CSWDO and be interviewed, then wait for the schedule of claiming | 1. Assign client to an interviewer who will make a social case study report. Provide contact Number to the client for follow up, and submit the documents to the Office of the Mayor for processing. | None        | 30 minutes                              | Staff<br>CSWDO   |
| 2. Claim the financial assistance from the City Treasury Office and sign the payroll.          | 2. Release the financial assistance.   | None        | 5 minutes                               | Staff<br>CSWDO<br>Or<br>Staff<br>City Treasury<br>Office |
|  | TOTAL:   | None        | 35 Minutes                              |  |



#### 11. Request for Social Case Study Report

A social case study report contains summative information needed about a client that needs referral to any agency that can help augment the client's needs.

| Office or                              | City Social Welfare            | and Develop     | ment Office                   |                     |
|--|--------------------------------|-----------------|-------------------------------|---------------------|
| Division:                              |                                |                 |                               |                     |
| Classification:                        | Simple                         |                 |                               |                     |
| Type of                                | G2C – Government               | to Citizen      |                               |                     |
| Transaction:                           |                                |                 |                               |                     |
| Who may avail:                         | Clients seeking med            |                 |                               |                     |
| CHECKLIST OF I                         | items, or educations           | ai tinanciai as | ssistance from of WHERE TO SE |                     |
| Barangay Certific                      | •                              | Barangay H      | all where client              |                     |
| Original Copy)                         | are or margeries (1            |                 |                               |                     |
| 2. Accomplished Into                   | ake Form (1                    | CSWDO           |                               |                     |
| Original Copy)                         | (,                             |                 |                               |                     |
| 3. Valid I.D. of Claim                 | ant and Beneficiary            | Client          |                               |                     |
| (1 Photocopy)                          |                                |                 |                               |                     |
| 4. Hospital Bill, Fune                 | eral Contract,                 | Doctor, Hos     | pital, Clinic, Fun            | eral Parlor, School |
| Laboratory Request                     |                                |                 |                               |                     |
| Quotation or Prescri                   | ption, School billing          |                 |                               |                     |
|  |                                |                 |                               |                     |
| (Supporting docume                     |                                |                 |                               |                     |
| the patient or family                  |                                |                 |                               |                     |
| student) (1 Original                   |                                |                 |                               |                     |
| For medical assista                    |                                | 11:4-1          | Ol::-                         |                     |
| 1. Medical Certificat                  |                                | Hospital or     | Clinic                        |                     |
| For burial assistan                    |                                | Applicant       |                               |                     |
| 1. Valid I.D. of the D<br>Photocopy)   | eceaseo (1                     | Applicant       |                               |                     |
| CLIENT STEPS                           | AGENCY                         | FEES TO         | PROCESSIN                     | PERSON              |
|  | ACTIONS                        | BE PAID         | G TIME                        | RESPONSIBLE         |
| 1. Submit the                          | 1. Check                       | None            | 5 minutes                     | Staff               |
| documentary                            | submitted                      |                 |                               | CSWDO               |
| requirements to                        | requirements, or               |                 |                               |                     |
| CSWDO                                  | advise client if               |                 |                               |                     |
|  | there are lacking              | 1               |                               |                     |
|  | or inaccurate                  |                 |                               |                     |
| O Fill and the                         | documents                      | NI              | 10                            | 04-#                |
| 2. Fill-out the                        | 2. Give client                 | None            | 10 minutes                    | Staff<br>CSWDO      |
| application/intake form and submit it. | application form.              |                 |                               | CSWDO               |
| TOTTI ATIU SUDITIILIL.                 | Assist in filling up as needed |                 |                               |                     |
| 3. Wait for the                        | 3. Prepare Social              | None            | 2 days                        | Staff               |
| issuance of Social                     | Case Study                     | INOTIC          | 2 days                        | CSWDO               |
| Case Study Report                      | Report and notify              |                 |                               | CONDO               |
| Cass Stady (topoli                     | client when it can             | E BO            |                               | 72                  |
| 100                                    | be claimed.                    |                 |                               | 40                  |





| 4. Claim Social<br>Case Study Report | 4. Issue Social<br>Case Study<br>Report | None | 2 minutes                | Staff<br>CSWDO |
|--------------------------------------|---|------|--------------------------|----------------|
|                                      | TOTAL:                                  | None | 2 Days and<br>17 Minutes |                |



#### 12. Request for Certificate of Indigency

A Certificate of Indigency is issued by the CSWDO certifying that the said client belongs to an indigent family in the City of San Pedro.

| Office or  | City Social Welfare  | and Develop        | ment Office                                     |                           |  |
|--|--|--------------------|---|---------------------------|--|
| Division:  |  |                    |   |                           |  |
| Classification:  | Simple   |                    |   |                           |  |
| Type of  | G2C - Government   | to Citizen         |   |                           |  |
| Transaction:   |  |                    |   |                           |  |
| Who may avail:   | Clients seeking med  | dical, burial, t   | ransportation, fo                               | ood and/or non food       |  |
|  | items or educationa  |                    |   |                           |  |
| CHECKLIST OF I   |  |                    | WHERE TO SE                                     |                           |  |
| 1. Barangay Certifica  | ate of Indigency (1  | Barangay H         | lall where client                               | resides                   |  |
| Original Copy, for re  |  | 3 ,                |   |                           |  |
| returned to the clien  |  |                    |   |                           |  |
| 2. Valid I.D. of reque   |  | Client             |   |                           |  |
| his/her patient, dece  |  |                    |   |                           |  |
| student, or travelling   |  |                    |   |                           |  |
| Photocopy, whichev   |  |                    |   |                           |  |
| 3. Supporting docum  |  | Doctor, Hos        | pital, Clinic, Sch                              | ool, Funeral Parlor,      |  |
|  | nature of the request (e.g. medical,   |                    | Local Civil Registrar (whichever is applicable) |                           |  |
| burial, educational, t   |  |                    | 3 (   | ,                         |  |
| assistance, etc.) (1   |  |                    |   |                           |  |
| reference only, will b   |  |                    |   |                           |  |
| client)  |  |                    |   |                           |  |
|  |  |                    |   |                           |  |
| CLIENT CTEDO   | AGENCY   | FEES TO            | PROCESSIN                                       | PERSON                    |  |
| CLIENT STEPS   | AGENCY<br>ACTIONS  | FEES TO<br>BE PAID | PROCESSIN<br>G TIME                             | PERSON<br>RESPONSIBLE     |  |
| 1. Submit the  |  |                    |   |                           |  |
|  | ACTIONS 1. Check   | BE PAID            | G TIME  | RESPONSIBLE               |  |
| 1. Submit the  | ACTIONS  | BE PAID            | G TIME  | RESPONSIBLE<br>Staff      |  |
| 1. Submit the documentary  | ACTIONS  1. Check requirements, advise client if there   | BE PAID            | G TIME  | RESPONSIBLE<br>Staff      |  |
| 1. Submit the documentary requirements to  | ACTIONS  1. Check requirements, advise client if there are lacking or  | BE PAID            | G TIME  | RESPONSIBLE<br>Staff      |  |
| 1. Submit the documentary requirements to  | ACTIONS  1. Check requirements, advise client if there are lacking or inaccurate   | BE PAID            | G TIME  | RESPONSIBLE<br>Staff      |  |
| 1. Submit the documentary requirements to CSWD   | ACTIONS  1. Check requirements, advise client if there are lacking or inaccurate documents   | None               | <b>G TIME</b><br>5 minutes                      | RESPONSIBLE Staff CSWDO   |  |
| Submit the documentary requirements to CSWD      Wait for the  | ACTIONS  1. Check requirements, advise client if there are lacking or inaccurate documents  2. Prepare   | BE PAID            | G TIME  | Staff CSWDO Staff         |  |
| Submit the documentary requirements to CSWD      Wait for the issuance of                            | ACTIONS  1. Check requirements, advise client if there are lacking or inaccurate documents  2. Prepare Certificate of  | None               | <b>G TIME</b><br>5 minutes                      | RESPONSIBLE  Staff  CSWDO |  |
| 1. Submit the documentary requirements to CSWD  2. Wait for the issuance of Certificate of           | ACTIONS  1. Check requirements, advise client if there are lacking or inaccurate documents  2. Prepare Certificate of Indigency and  | None               | <b>G TIME</b><br>5 minutes                      | Staff CSWDO Staff         |  |
| Submit the documentary requirements to CSWD      Wait for the issuance of                            | 1. Check requirements, advise client if there are lacking or inaccurate documents 2. Prepare Certificate of Indigency and notify client when   | None               | <b>G TIME</b><br>5 minutes                      | Staff CSWDO Staff         |  |
| 1. Submit the documentary requirements to CSWD  2. Wait for the issuance of Certificate of           | ACTIONS  1. Check requirements, advise client if there are lacking or inaccurate documents  2. Prepare Certificate of Indigency and notify client when it is available for           | None               | <b>G TIME</b><br>5 minutes                      | Staff CSWDO Staff         |  |
| 1. Submit the documentary requirements to CSWD  2. Wait for the issuance of Certificate of Indigency | ACTIONS  1. Check requirements, advise client if there are lacking or inaccurate documents  2. Prepare Certificate of Indigency and notify client when it is available for claiming. | None  None         | G TIME 5 minutes 20 minutes                     | Staff CSWDO  Staff CSWDO  |  |
| 1. Submit the documentary requirements to CSWD  2. Wait for the issuance of Certificate of           | ACTIONS  1. Check requirements, advise client if there are lacking or inaccurate documents  2. Prepare Certificate of Indigency and notify client when it is available for           | None               | <b>G TIME</b><br>5 minutes                      | Staff CSWDO Staff         |  |

None

27 Minutes

Indigency to client TOTAL: